

<b>Report Documentation Page</b>			Form Approved OMB No. 0704-0188	
<p>Public reporting burden for the collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to a penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p>				
1. REPORT DATE <b>21 JAN 2010</b>	2. REPORT TYPE <b>Final Report</b>	3. DATES COVERED <b>00-01-2007 to 00-01-2010</b>		
4. TITLE AND SUBTITLE <b>Resident Training in General Surgery Using a Pig Model (Sus scrofa domestica)</b>			5a. CONTRACT NUMBER	
			5b. GRANT NUMBER	
			5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) <b>Robert Cromer</b>			5d. PROJECT NUMBER <b>FKE20070005A</b>	
			5e. TASK NUMBER	
			5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) <b>81st Medical Group, 301 Fisher St, Keesler AFB, MS, 39534</b>			8. PERFORMING ORGANIZATION REPORT NUMBER <b>FKE20070005A</b>	
			9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) <b>81st Medical Group, 301 Fisher St, Keesler AFB, MS, 39534</b>	10. SPONSOR/MONITOR'S ACRONYM(S) <b>81MDG</b>
				11. SPONSOR/MONITOR'S REPORT NUMBER(S) <b>FKE20070005A</b>
12. DISTRIBUTION/AVAILABILITY STATEMENT <b>Approved for public release; distribution unlimited</b>				
13. SUPPLEMENTARY NOTES				
14. ABSTRACT <p><b>This protocol is designed to be part of the surgical training of Air Force physicians during their General Surgery residency at Keesler Medical Center. It augments the clinical and didactic training provided to them within the residency program while providing valuable, hands-on experience in surgical techniques pertaining to the abdomen (e.g. liver, intestine, colon, kidneys, bladder, and spleen) and thorax (e.g. esophagus), and augments their military medical readiness skills. A total for five training labs were conducted during this three year approval period, 52 students were trained and 10 animals were used.</b></p>				
15. SUBJECT TERMS <b>Pig; surgery; resident training</b>				
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT <b>1</b>	18. NUMBER OF PAGES <b>2</b>
a. REPORT <b>unclassified</b>	b. ABSTRACT <b>unclassified</b>	c. THIS PAGE <b>unclassified</b>	19a. NAME OF RESPONSIBLE PERSON	

**DATE OF IACUC: JANUARY 2010  
81<sup>st</sup> MEDICAL GROUP  
KEESLER AFB, MISSISSIPPI**

**ANIMAL TRAINING / RESEARCH PROTOCOL  
PROGRESS REPORT/FINAL REPORT**

This is a Training Protocol Progress Report    / Final Report XX

- 1. Protocol Number assigned by CRL: FKE20070005A**
- 2. Protocol Title:** "Resident Training in General Surgery Using a Pig Model (*Sus scrofa domestica*)"
- 3. Principal Investigator (PI):** Maj Robert Cromer, USAF, MC, Staff General Surgeon, 81 MSGS/SGCQ, Phone: 228-376-5402 (Include your rank and name, office symbol, telephone number)
- 4. Purpose:** This protocol is designed to be part of the surgical training of Air Force physicians during their General Surgery residency at Keesler Medical Center. It augments the clinical and didactic training provided to them within the residency program while providing valuable, hands-on experience in surgical techniques pertaining to the abdomen (e.g. liver, intestine, colon, kidneys, bladder, and spleen) and thorax (e.g. esophagus), and augments their military medical readiness skills.
- 5. Status of the Study:** Mark the status of the study.
  - a.    Active with ongoing training. Request approval to remain open.
  - b.    Study has never been initiated but request approval to remain open.
  - c. XX Completed all approved training/research. Request approval to close.
- 6. Summary of Progress:** This report covers the following period of time: January 2007 – January 2010
  - a. Since Last Progress Report or Initiation of Study: A total for five training labs were conducted during this three year approval period.
  - b. For the Entire Study: One hundred percent of this training protocol has been completed and is being closed due to the triennial de novo review requirement.
  - c. Number of personnel trained and number of animals used:
    - (1) Personnel Trained: Fifty two
    - (2) Animal Usage: Ten
  - d. I anticipate PCSing or separating on or about July 2010.
- 7. If this is a FINAL REPORT:** Were the protocol objectives met and how did the training benefit the DoD/USAF?

This training protocol has been utilized for a number of years at Keesler and is very beneficial to our residents. They are given the opportunity to practice a variety of surgical techniques during training labs using animal models which betters their surgical skills before proceeding to human patients in the operating room. The protocol objectives are definitely met.

**8. Protocol Changes:**

**a. Protocol Procedural Changes:**

1.        No changes are anticipated and the project will continue as previously approved by the IACUC.

2. XX Changes anticipated are described as follows: Amendment #06 was approved at the July 2009 meeting. Under Item V.4.3.2., Procedure(s), added Surgical Incision Closure – An incision will be made through skin and subcutaneous tissue on the animal's lower leg/hip region. Multilayer closure using various suture techniques will be performed to repair the incision. This will be performed pre or post euthanasia depending of time.

**b. Protocol Personnel Changes:**

1. Has there been any Principal or Co-Investigator (PI/CI) changes since IACUC approval of protocol or the last annual review?        Yes XX        No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.

(a) Additions: (Include Name, Protocol function, IACUC approval - Yes/No)

(b) Deletions: (Include Name, Protocol function, Effective date of deletion)

2. Has there been any changes in animal care personnel since IACUC approval of protocol or the last annual review? XX Yes        No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.

(a) Additions: Tammy Jegel, Animal Caretaker – IACUC approved July 2009  
(Include Name, Protocol function, IACUC approval - Yes/No)

(b) Deletions: (Include Name, Protocol function, Effective date of deletion)

**9. Funding:**

a. Operation and Maintenance (O&M) funding in the amount of \$22,032.00 was approved in my original protocol for the three year duration of the study. I utilized \$9,180.00 of these funds.

b. Request funding in the amount of \$   for FY10 in addition to amount originally approved.

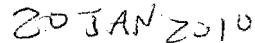
c. I have received External Resources to support this study in the form of: (describe all those applicable: loaned equipment, consumable supplies, drugs from a non-DoD source, and/or funds from an external source, in this case give the name and amount) N/A

**10. Certification of Principal Investigator:**

My signature certifies that the above titled protocol has been/will be conducted in full compliance with the Animal Welfare Act and associated federal, state, and local regulations, and IACUC requirements/policies governing laboratory animal research/training. I understand that an annual progress report is required in order to maintain continuation approval and any changes in the study/methodology that will affect the animal care and/or use must be approved by the IACUC prior to implementation. If the study has never been initiated and I am requesting termination (Item 5.b. above), my signature certifies this request. If the study is completed (Item 5.c. above) and I am requesting closure, my signature certifies that the information provided on this form represents an accurate final report.



Signature Block of Principal Investigator  
**ROBERT CROMER, Major, USAF, MC**  
General Surgery Flight



Date